

FILED MAY 7 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 120

1. PLACE OF DEATH:

(a) County BOONE
 (b) City or town COLUMBIA Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Ellis Fischel State Cancer Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8.6 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
 (c) City or town JAMESPORT
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Geo. Washington Watson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife EMMA WATSON 6. (c) Age of husband or wife if alive 25 years
 7. Birth date of deceased 9 30 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace DAVIESS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired MAIL CARRIER

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM WATSON
 13. Birthplace Scotland
(City, town, or county) (State or foreign country)
 14. Maiden name ANN WATSON
 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 4-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamesport Mo.

18. (a) Signature of funeral director J. O. Miller

(b) Address Columbia Mo.

19. (a) 4-24-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
 year 1948 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1/30/47
 _____, 19____, to 4/24/48, 19____;
 that I last saw him alive on 4/24/48
 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma
generalized
 Due to _____
 Due to _____

Duration
5 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 55E
 Of operations _____

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Carne C. Lee (M. D. or other) _____

Address Ellis Fischel State Date signed 4/28/48

JUN 3 1948

RECEIVED
District Health Officer No. 9,
District File Number
MAY 6 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Lyman Spangle*
Licensed Embalmer No. 4013
P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.